

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	M.M.		627-13
<b>O.I.P.E. CLASSIFIER</b>	102	13	7/10/01
<b>FORMALITY REVIEW</b>	K.S.	1116	02/15/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
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SC 85/6  
6/16

If more than 150 claims or 10 actions  
staple additional sheet here

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